

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Durable Medical Equipment (DME)
Providers
Pharmacists
Managed Care Organizations

Memorandum No: 06-52
Issued: June 29, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Supersedes # Memorandum: 05-53 MAA

Subject: Nondurable Medical Supplies and Equipment (MSE): Fee Schedule Changes

Effective for dates of service on and after July 1, 2006, the Health and Recovery Services Administration (HRSA) will update the Medical Supplies and Equipment Fee Schedule section in HRSA's current *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* with new maximum allowable rates.

What has changed?

HRSA has updated reimbursement rates to match those of Medicare.

Visit HRSA's web site at <http://maa.dshs.wa.gov>. To view a current fee schedule, click ***Provider Publications/Fee Schedules***, then ***Accept***, then ***Fee Schedules***.

Bill HRSA your usual and customary charge.

Place of Service

Reminder: Effective July 1, 2006, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code**. Claims with a single-digit place of service code will be denied.

National Correct Coding Initiative

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at <http://www.cms.hhs.gov/physicians/cciedits>.

Billing Instructions Replacement Pages

Attached are the following pages for HRSA's current *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions*.

Pages	Replace/New
i-ii	Replace old pages i-ii
D.9-D.86	New pages*
G.1-G.2	Replace old pages G.1-G.26
Appendix C-Fee Schedule	New pages

Contact Information

Send reimbursement issues, questions, or comments to:

Durable Medical Equipment Rates Management
Office of Professional Reimbursement
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
360.725.1845
Fax # 360.753.9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program Management
Unit (DMEPMU)
Medical Assistance Administration
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
800.292.8064
Fax # 360.586.5299

* Pages D.9-D.86 contain a new "coverage" table. This table does not contain any new information. The information is simply reorganized to make it easier for the provider to access.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Table of Contents

Important Contacts	iii
Section A: Definitions	A.1
Section B: About the Program	
What is the purpose of the Nondurable Medical Supplies and Equipment (MSE) Program?	B.1
Which providers may be reimbursed by HRSA for providing MSE?	B.2
What about MSE provided in a physician's office?	B.2
Section C: Client Eligibility	
Who is eligible?	C.1
Are clients enrolled in an HRSA managed care plan eligible?	C.2
Primary Care Case Manager/Management (PCCM)	C.2
Section D: Coverage/Limitations	
What is covered?	D.1
What are the general conditions of coverage?	D.1
What are other specific conditions of coverage?	D.2
What if a service is covered but considered experimental or has restrictions or limitations?	D.6
How can I request that equipment/supplies be added to the "covered" list in these billing instructions?	D.6
What is not covered?	D.7
Nondurable MSE Coverage Table	D.9
Section E: Authorization	
What is prior authorization?	E.1
Which items and services require prior authorization?	E.1
General Policies for Prior Authorization?	E.2
What is a limitation extension?	E.3
What is expedited prior authorization?	E.4
EPA Criteria Coding List	E.5
Section F: Reimbursement	
Reimbursement for MSE and Related Services	F.1
When does HRSA not reimburse under fee-for-service?	F.2

Table of Contents (cont.)

Section G: Fee Schedule

A Few Notes About the Fee Schedule	G.1
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Section H: Billing

What is the time limit for billing?	H.1
What fee should I bill HRSA for eligible clients?	H.2
How do I bill for services provided to Primary Care Case Management (PCCM) clients?	H.2
How do I bill for clients who are eligible for Medicare and Medicaid?	H.3
Third-Party Liability	H.5
What records must be kept?	H.6

Section I: How to Complete the HCFA-1500 Claim Form

General Guidelines.....	I.1
Sample HCFA-1500 Claim Form	I.6

Section J: Medicare Part B/Medicaid Crossovers

Common Questions Regarding Medicare Part B/ Medicaid Crossover Claims	J.1
How to Complete the HCFA-1500 Claim Form for Medicare Part B/Medicaid Crossovers	J.3
Sample Medicare Part B/Medicaid Crossover Form	J.8

Appendix Reimbursement Methodology for MSE	Appendix 1
Fee Schedule	Appendix 3

Nondurable MSE Coverage Table

Compliance Packaging

(Billable only by pharmacists for noninstitutionalized at-risk clients.)

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A9901		Delivery/set-up/dispensing.	Yes. You must use EPA # 870000867 when billing this item.	Limit of four devices/containers per client, per month. Included in nursing facility daily rate.
	T1999		Reusable compliance device/container (e.g., medisets, weekly minders, etc.)	Yes. You must use EPA # 870000864 when billing this item.	Limit of four devices/containers per client. Included in nursing facility daily rate.
	T1999		Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.)	Yes. You must use EPA # 870000865 when billing this item.	Limit of four devices/containers per client. Limit of four devices/containers per client, per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

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NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T1999		Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.).	Yes. You must use EPA # 870000866 when billing this item.	Limit of four devices/containers per client. Limit of four devices/containers per client, per year.

Note: Providers may bill reusable compliance devices/containers in any combination, not to exceed a total of 4 per year.

Syringes and Needles

	A4206		Syringe with needle, sterile 1cc, each.	No	Included in nursing facility daily rate.
	A4207		Syringe with needle, sterile 2cc, each.	No	Included in nursing facility daily rate.
	A4208		Syringe with needle, sterile 3cc, each.	No	Included in nursing facility daily rate.
	A4209		Syringe with needle, sterile 5cc or greater, each.	No	Included in nursing facility daily rate.
	A4210		Needle free injection device, each.	No	Included in nursing facility daily rate.

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Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A4211		Supplies for self-administered injections.		
	A4215		Needle, sterile, any size, each.	No	Included in nursing facility daily rate.
	A4322		Irrigation syringe, bulb or piston, each.	No	Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355.

Blood Monitoring/Testing Supplies

	A4233		Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each.	No	
	A4234		Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each.	No	
	A4235		Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4236		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each.	No	
	A4253	KX or KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips.	No	Included in nursing facility daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.)
#	A4255		Platforms for home blood glucose monitor, 50 per box.		
	A4256		Normal, low and high calibrator solution/chips.	No	Included in nursing facility daily rate.
	A4258		Spring-powered device for lancet, each.	No	One (1) allowed per client every 6 months. Included in nursing facility daily rate.

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Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4259	KX or KS	Lancets, per box of 100.	No	Included in nursing facility daily rate. 1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300, etc.)

Pregnancy-Related Testing Kits and Nursing Equipment Supplies

	T5999		Supply, not otherwise specified. (Pregnancy testing kit, 1 test per kit.	Yes	Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs.
	E1399		Supply, not otherwise specified (Breast pump kit for electric breast pump.)	Yes. You must use EPA # 870000764 when billing this item.	Purchase only.

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**Nondurable Medical Supplies
and Equipment**

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Antiseptics and Germicides

	A4244		Alcohol or peroxide, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months.
	A4245		Alcohol wipes, per box (of 200).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
	A4246		Betadine or pHisoHex solution, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per month.

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**Nondurable Medical Supplies
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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4247		Betadine or iodine swabs/wipes, per box (of 100).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
#	A4248		Chlorhexidine containing antiseptic 1 ml.		
	T5999		Supply, not otherwise specified. (Disinfectant spray, 12 oz.)	Yes. You must use EPA # 870000853 when billing this item.	Included in nursing facility daily rate. Maximum of one (1) per client per 6 months.

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**Nondurable Medical Supplies
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Bandages, Dressings, and Tapes

(Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.)

	A4649		Surgical supply; miscellaneous.	Yes	
	A6010		Collagen based wound filler, dry form, per gram of collagen.	Yes	
	A6011		Collagen based wound filler, gel/paste, per gram of collagen.	Yes	
	A6021		Collagen dressing, pad size 16 sq. in. or less, each.	No	
	A6022		Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each.	No	
	A6023		Collagen dressing, pad size more than 48 sq. in.	Yes	
	A6024		Collagen dressing wound filler, per 6 inches.	No	
	A6025		Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each.	No	
	A6154		Wound pouch, each.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6196		Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing.	No	
	A6197		Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6198		Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in, each dressing.	No	
	A6199		Alginate or other fiber gelling dressing, wound filler, per 6 inches.	No	
	A6200		Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6201		Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6202		Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6203		Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6204		Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.	No	
	A6205		Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing.	No	
	A6206		Contact layer, 16 sq. in. or less, each dressing.	No	
	A6207		Contact layer, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6208		Contact layer, more than 48 sq. in., each dressing.	No	
	A6209		Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6210		Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	

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**Nondurable Medical Supplies
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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6211		Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6212		Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6213		Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6214		Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6215		Foam dressing, wound filler, per gram.	No	
	A6216		Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6217		Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6218		Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6219		Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6220		Gauze, non-impregnated, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6221		Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6222		Gauze, impregnated with other than water, normal saline or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6223		Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6224		Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6228		Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6229		Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6230		Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6231		Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing.	No	
	A6232		Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	

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	A6233		Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing.	No	
	A6234		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6235		Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6236		Hydrocolloid dressing, wound cover pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6237		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6238		Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6239		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6240		Hydrocolloid dressing, wound filler, paste, per fluid oz.	No	
	A6241		Hydrocolloid dressing, wound filler, dry form, per gram.	No	
	A6242		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6243		Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6244		Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6245		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
	A6246		Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	

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	A6247		Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6248		Hydrogel dressing, wound filler, gel, per fluid oz.	No	
#	A6250		Skin sealants, protectants, moisturizers, ointments, any type, any size.		
	A6251		Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6252		Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6253		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6254		Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	

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	A6255		Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	No	
	A6256		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
	A6257		Transparent film, 16 sq. in. or less, each dressing.	No	
	A6258		Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
	A6259		Transparent film, more than 48 sq. in., each dressing.	No	
	A6260		Wound cleaners, any type, any size (per ounce).	No	
	A6261		Wound filler, gel/paste, per fluid ounce, not elsewhere classified.	Yes	
	A6262		Wound filler, dry form, per gram, not elsewhere classified.	Yes	
	A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard.	No	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6403		Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6404		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
	A6407		Packing strips, non-impregnated, up to two inches in width, per linear yard.	No	
	A6441		Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	No	

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	A6443		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6444		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.	No	
	A6445		Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	No	
	A6446		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6447		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	No	
	A6448		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6449		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6450		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	No	
	A6451		Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6452		High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6453		Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6454		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to three inches and less than five inches, per yard.	No	
	A6455		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to five inches, per yard.	No	
	A6456		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6457		Tubular dressing with or without elastic, any width, per linear yard.	No	
	A6501		Compression burn garment, bodysuit (head to foot), custom fabricated.	Yes	
	A6502		Compression burn garment, chin strap, custom fabricated.	Yes	
	A6503		Compression burn garment, facial hood, custom fabricated.	Yes	
	A6504		Compression burn garment, glove to wrist, custom fabricated.	Yes	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6505		Compression burn garment, glove to elbow, custom fabricated.	Yes	
	A6506		Compression burn garment, glove to axilla, custom fabricated.	Yes	
	A6507		Compression burn garment, foot to knee length, custom fabricated.	Yes	
	A6508		Compression burn garment, foot to thigh length, custom fabricated.	Yes	
	A6509		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated.	Yes	
	A6510		Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated.	Yes	
	A6511		Compression burn garment, lower trunk including leg openings (panty), custom fabricated.	Yes	
	A6512		Compression burn garment, not otherwise classified.	Yes	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6513		Compression burn mask, face and/or neck, plastic or equal, custom fabricated.	Yes	
	S8431		Compression bandage, roll.	No	
	T5999		Supply, not otherwise specified (Dressing other.)	Yes	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Tapes

(Unless needed for the first 6 weeks of post-surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.)

	A4450		Tape, non-waterproof, per 18 square inches.	No	
	A4452		Tape, waterproof, per 18 square inches.	No	
	A4462		Abdominal dressing holder, each.	No	
	A4465		Nonelastic binder for extremity.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Ostomy Supplies

(Note: Items in This Category are not Taxable)

	A4361		Ostomy faceplate, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380.
	A4362		Skin barrier, solid, four by four or equivalent, each.	No	For ostomy only.
	A4363		Ostomy clamp, any type, replacement only, each.		
	A4364		Adhesive; liquid, or equal, any type, per oz.	No	Maximum of 4 allowed per client per month. For ostomy or catheter.
	A4365		Adhesive remover wipes, any type, per 50.	No	Maximum of one (1) box allowed per client per month.
	A4366		Ostomy vent, any type, each.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4367		Ostomy belt, each.	No	Maximum of two (2) allowed per client every six months.
	A4368		Ostomy filter, any type, each.	No	
	A4369		Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	No	
	A4371		Ostomy skin barrier, powder, per oz.	No	
	A4372		Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear with built-in convexity, each.	No	
	A4373		Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each.	No	
	A4375		Ostomy pouch, drainable, with faceplate attached, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4377.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4376		Ostomy pouch, drainable, with faceplate attached, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4378.
	A4377		Ostomy pouch, drainable, for use on faceplate, plastic, each.	No	Maximum of 10 allowed per client per month.
	A4378		Ostomy pouch, drainable, for use on faceplate, rubber, each.	No	Maximum of 10 allowed per client per month.
	A4379		Ostomy pouch, urinary, with faceplate attached, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381 or A4382.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4380		Ostomy pouch, urinary, with faceplate attached, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4383.
	A4381		Ostomy pouch, urinary, for use on faceplate, plastic, each.	No	Maximum of 10 allowed per client per month.
	A4382		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each.	No	Maximum of 10 allowed per client per month.
	A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each.	No	Maximum of 10 allowed per client per month.
	A4384		Ostomy faceplate equivalent, silicone ring, each.	No	
	A4385		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4387		Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 30 allowed per client per month.
	A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4389		Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4390		Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4391		Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4392		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4394		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.	No	
	A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet.	No	
#	A4396		Ostomy belt with peristomal hernia support.		
	A4397		Irrigation supply; sleeve, each.	No	Maximum of one (1) allowed per client per month.
	A4398		Ostomy irrigation supply; bag, each.	No	Maximum of two (2) allowed per client every 6 months.
	A4399		Ostomy irrigation supply; cone/catheter, including brush.	No	Maximum of two (2) allowed per client every 6 months.
	A4400		Ostomy irrigation set.	No	Maximum of two (2) allowed per client every 6 months.
	A4404		Ostomy ring, each.	No	Maximum of 10 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4405		Ostomy skin barrier, non- pectin based, paste, per ounce.	No	
	A4406		Ostomy skin barrier, pectin based, paste, per ounce.	No	
	A4407		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	No	
	A4408		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	No	
	A4409		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each.	No	
	A4410		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.	No	
	A4411		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4412		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	No	Maximum of 10 allowed per client every 30 days.
	A4413		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	No	Maximum of 10 allowed per client per month.
	A4414		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each.	No	
	A4415		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each.	No	
	A4416		Ostomy pouch, closed, with barrier attached, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4417		Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4418		Ostomy pouch, closed; without barrier attached, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4419		Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4420		Ostomy pouch, closed; for use on barrier with locking flange (two piece), each.	No	Maximum of 30 allowed per client per month.
	A4421		Ostomy supply; miscellaneous.	Yes	
	A4422		Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.	No	
	A4423		Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4424		Ostomy pouch, drainable, with barrier attached, with filter (one piece), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4425		Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4426		Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each.	No	Maximum of 10 allowed per client per month.
	A4427		Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4428		Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4429		Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4430		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4431		Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4432		Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each.	No	Maximum of 10 allowed per client per month.
	A4433		Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each.	No	Maximum of 10 allowed per client per month.
	A4434		Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each.	No	Maximum of 10 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4455		Adhesive remover or solvent (for tape, cement, or other adhesive), per oz.	No	Maximum of 3 allowed per client per month.
	A5051		Ostomy pouch, closed; with barrier attached (one piece) each.	No	Maximum of 60 allowed per client per month.
	A5052		Ostomy pouch, closed; without barrier attached (one piece) each.	No	Maximum of 60 allowed per client per month.
	A5053		Ostomy pouch, closed; for use on faceplate each.	No	Maximum of 60 allowed per client per month.
	A5054		Ostomy pouch, closed; for use on barrier with flange (two piece) each.	No	Maximum of 60 allowed per client per month.
	A5055		Stoma cap.	No	Maximum of 30 allowed per client per month.
	A5061		Ostomy pouch, drainable; with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5062		Ostomy pouch, drainable; without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5063		Ostomy pouch, drainable; for use on barrier with flange (two piece system) each.	No	Maximum of 20 allowed per client per month.
	A5071		Ostomy pouch, urinary, with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5072		Ostomy pouch, urinary, without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5073		Ostomy pouch, urinary, for use on barrier with flange (two piece) each.	No	Maximum of 20 allowed per client per month.
	A5081		Continent device; plug for continent stoma.	No	Maximum of 30 allowed per client per month.
	A5082		Continent device; catheter for continent stoma.	No	Maximum of one (1) allowed per client per month.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5093		Ostomy accessory, convex insert.	No	Maximum of 10 allowed per client per month.
	A5120		Skin barrier, wipes or swabs, each.	No	Ostomy only.
	A5121		Skin barrier, solid, 6 x 6 or equivalent, each.	No	For ostomy only.
	A5122		Skin barrier, solid, 8 x 8 or equivalent, each.	No	For ostomy only.
	A5126		Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month.	No	
#	A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz.		

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Urological Supplies

	A4310		Insertion tray without drainage bag and without catheter (accessories only).	Yes	Maximum of 120 per client, per month. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354.
	A4311		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4338.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4312		Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4344.
	A4313		Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4346.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4314		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357.
	A4315		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4316		Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357.
	A4320		Irrigation tray with bulb or piston syringe, any purpose.	No	Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4322, A4355.
#	A4321		Therapeutic agent for urinary catheter irrigation.		

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4326		Male external catheter specialty type with integral collection chamber, each.	No	Maximum of 60 allowed per client per month. Included in nursing facility daily rate.
	A4327		Female external urinary collection device; metal cup, each.	No	Included in nursing facility daily rate.
	A4328		Female external urinary collection device; pouch, each.	No	Included in nursing facility daily rate.
	A4330		Perianal fecal collection pouch with adhesive, each.	No	Included in nursing facility daily rate.
	A4331		Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each.	No	Not to be used with Procedure Code A4358. Included in nursing facility daily rate.
	A4332		Lubricant, individual sterile packet, for insertion of urinary catheter, each.	No	Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4333		Urinary catheter anchoring device, adhesive skin attachment, each.	No	Included in nursing facility daily rate.
	A4334		Urinary catheter anchoring device, leg strap, each.	No	Not allowed in combination with code A4358. Included in nursing facility daily rate.
	A4335		Incontinence supply; miscellaneous. [Diaper Doublers. Each].	Yes. See EPA criteria in Section E.	Included in nursing facility daily rate. (age 3 and up)
	A4338		Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate.
	A4340		Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4344		Indwelling catheter, Foley type, two-way, all silicone, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.
	A4346		Indwelling catheter, Foley type, three-way for continuous irrigation, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.
	A4348		Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month).	No	Maximum of 2 allowed per client, per month. Included in nursing facility daily rate.
	A4349		Male external catheter, with or without adhesive, disposable, each.	No	Maximum allowable of 60 per client, per month. Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4351		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 120 allowed per client per month. Not allowed in combination with A4352.
	A4352		Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each.	No	Maximum of 120 allowed per client per month. Not allowed in combination with A4351.
	A4353		Intermittent urinary catheter, with insertion supplies.	No	Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4351-A4352.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4354		Insertion tray with drainage bag but without catheter.	Yes	Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4353, A4357-A4358, and A5112.
	A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each.	No	Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322.
	A4356		External urethral clamp or compression device (not to be used for catheter clamp), each.	No	Maximum of two (2) allowed per client per year. Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4357		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4314- A4316 or A4354.
	A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4359		Urinary suspensory without leg bag, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate.
	A4402		Lubricant, per oz.	No	Included in nursing facility daily rate. (For insertion of urinary catheters.)
	A4520		Incontinence garment, any type, (e.g. brief, diaper), each.	Yes	Included in nursing facility daily rate.
	A5102		Bedside drainage bottle, with or without tubing, rigid or expandable, each.	No	Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5105		Urinary suspensory; with leg bag, with or without tube.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4358, A4359, A5112, A5113 or A5114.
	A5112		Urinary leg bag; latex.	No	Maximum of one (1) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5113	RP	Leg strap; latex, replacement only, per set.	No	Included in nursing facility daily rate.
	A5114	RP	Leg strap; foam or fabric, replacement only, per set.	No	Included in nursing facility daily rate.
	T4521		Adult sized disposable incontinence product, brief/diaper, small, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. *
	T4522		Adult sized disposable incontinence product, brief/diaper, medium, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4523		Adult sized disposable incontinence product, brief/diaper, large, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. *
	T4524		Adult sized disposable incontinence product, brief/diaper, extra large, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4525		Adult sized disposable incontinence product, protective underwear/pull-on, small size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.
	T4526		Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4527		Adult sized disposable incontinence product, protective underwear/pull-on, large size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.
	T4528		Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4529		Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. *
	T4530		Pediatric sized disposable incontinence product, brief/diaper, large size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4531		Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.
	T4532		Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each.	No	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4533		Youth sized disposable incontinence product, brief/diaper, each.	No	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. *
	T4534		Youth sized disposable incontinence product, protective underwear/pull-on, each.	Medical exceptions to maximum quantity or age limitation require PA.	6-18 years of age. Maximum of 300 allowed per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4535		Disposable liner/shield/guard/pad/undergarment, for incontinence, each.	No	Age 3 and up. Maximum of 240 pieces allowed per client, per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.
	T4536	NU	Incontinence product, protective underwear/pull-on, reusable, any size, each.	No	Maximum of 4 per client, per year (age 3 and up). Included in nursing facility daily rate.
	T4536	RR	Incontinence product, protective underwear/pull-on, reusable, any size, each.	No	Maximum of 150 pieces allowed per client, per month (age 3 and up). Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4537		Incontinence product, protective underpad, reusable, bed size, each.	No	Limit 42 per year. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (RR).
	T4537	RR	Incontinence product, protective underpad, reusable, bed size, each.	No	Limit 90 per month. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (NU).
	T4538	RR	Diaper service, reusable diaper, each diaper.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 240 diapers allowed per client per month. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4539	NU	Incontinence product, diaper/brief, reusable, any size, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 36 diapers allowed per client per month. Included in nursing facility daily rate.
#	T4540		Incontinence product, protective underpad, reusable, chair size, each.		
	T4541		Incontinence product, disposable underpad, large, each.		For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	T4542		Incontinence product, disposable underpad, small size, each.		Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Braces, Belts, and Supportive Devices

	A4490		Surgical stocking above knee length, each.	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. (Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair).
	A4495		Surgical stocking thigh length, each.	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair).

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4500		Surgical stocking below knee length, each.	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on each leg. If billing for a pair, enter 2 units for a maximum of 4 units for 2 pair).
	A4510		Surgical stocking full length, each. (Pantyhose style)	No	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months. Payment is based on a pair. 1 unit = 1 pair. Client is limited to 2 units, 2 pair, per 6 months.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4565		Slings.		Included in nursing facility daily rate. Maximum of two (2) allowed per client per year.
	A4570		Splint.		Included in nursing facility daily rate. Maximum of one (1) allowed per client per year.
	A6530		Gradient compression stocking, below knee, 18-30 MMHG, Each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
	A6531		Gradient compression stocking, below knee, 30-40 MMHG, Each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6532		Gradient compression stocking, below knee, 40-50 MMHG, each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
	A6533		Gradient compression stocking, thigh length, 18-30 MMHG, each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
	A6534		Gradient compression stocking, thigh length, 30-40 MMHG, each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
	A6535		Gradient compression stocking, thigh length, 40-50 MMHG, each.		Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6536		Gradient compression stocking, full length/chap style, 18-30 MMHG, each.	Yes	Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.
	A6537		Gradient compression stocking, full length/chap style, 30-40 MMHG, each.	Yes	Included in nursing facility daily rate. Requires prior authorization. Maximum of 2 pair allowed per client per 6 months.
	A6538		Gradient compression stocking, full length/chap style, 40-50 MMHG, each.	Yes	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6539		Gradient compression stocking, waist length (pantyhose style), 18-30 MMHG, EACH.	Yes	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
	A6540		Gradient compression stocking, waist length, 30-40 MMHG, each. (pantyhose style)	Yes	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
	A6541		Gradient compression stocking, waist length, 40-50 MMHG, each. (pantyhose style)	Yes	Included in nursing facility daily rate. Maximum of 2 pair allowed per client per 6 months.
	A6542		Gradient compression stocking, custom made. (includes fitting fee)	Yes	Included in nursing facility daily rate.
	A6543		Gradient compression stocking, lymphedema.	Yes	Included in nursing facility daily rate.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6544		Gradient compression stocking, garter belt.	Yes	Included in nursing facility daily rate.
	A6549		Gradient compression stocking, not otherwise specified.	Yes	Included in nursing facility daily rate.
	E0942		Cervical head harness/halter.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0944		Pelvic belt/harness/boot.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

Nondurable Medical Supplies and Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0945		Extremity belt/harness.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.

Decubitus Care Products

	E0188		Synthetic sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0189		Lambswool sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0191		Heel or elbow protector, each.	No	Maximum of four (4) allowed per client per year. Included in nursing facility daily rate.

Transcutaneous Electrical Nerve Stimulator (TENS) Supplies

	A4556		Electrodes, pair.	No	
	A4557		Lead wires, e.g., apnea monitors, tens., pair.	No	
	A4558		Conductive paste or gel.	No	

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4595		Electrical stimulator supplies, 2 lead, per month, (TENS, NMES).	No	Includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). Maximum of two (2) per month allowed with patient- owned 4-lead TENS unit.
	A4630		Replacement batteries, medically necessary, transcutaneous electrical nerve stimulator (TENS) owned by patient.	No	

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Miscellaneous Supplies

#	A4250		Urine test or reagent strips or tablets (100 tablets or strips).	No	
#	A4265		Paraffin, per pound.	No	
#	A4281		Tubing for breast pump, replacement.	No	
#	A4282		Adapter for breast pump, replacement.	No	
#	A4283		Cap for breast pump bottle, replacement.	No	
#	A4284		Breast shield and splash protector for use with breast pump, replacement.	No	
#	A4285		Polycarbonate bottle for use with breast pump, replacement.	No	
#	A4286		Locking ring for breast pump, replacement.	No	

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A4290		Sacral nerve stimulation test lead, each.		
#	A4458		Enema bag with tubing, reusable.		
#	A4561		Pessary, rubber, any type.		
#	A4562		Pessary, non rubber, any type.		
#	A4633		Replacement bulb/lamp for ultraviolet light therapy system, each.		
#	A4634		Replacement bulb for therapeutic light box, tabletop model.		
#	A4639		Replacement pad for infrared heating pad system, each.		
	A4927		Gloves, non sterile, per box of 100.	Quantities exceeding 9 units per month require PA.	1 unit = box of 100. Included in nursing facility daily rate and in Home Health Care rate.
#	A4928		Surgical mask, per 20.		
	A4930		Gloves, sterile, per pair.		Included in nursing facility daily rate and in Home Health Care rate.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A4931		Oral thermometer, reusable, any type, each.		
#	A4932		Rectal thermometer, reusable, any type, each.		
#	A6000		Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.		
	A6410		Eye pad, sterile, each.		Maximum of 20 allowed per client per month. Included in nursing facility daily rate.
	A6411		Eye pad, non-sterile, each.		Maximum of 1 allowed per client per month. Included in nursing facility daily rate.
#	A6412		Eye patch, occlusive, each.		
	T5999		Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each.)	Yes. Use EPA # 870000863 when billing this item.	Limit two per month). Included in nursing facility daily rate.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T5999		Supply, not otherwise specified. (Lice comb, such as LiceOut™ LeisMeister™ or combs of equivalent quality and effectiveness.)	Yes. Use EPA # 870000861 when billing this item.	Maximum of one (1) allowed, per client, per year. Included in nursing facility daily rate.
	A9180		Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker.		For use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year). Included in nursing facility daily rate.
	T5999		Supply, not otherwise specified. (DME Miscellaneous. Other medical supplies not listed.)	Yes	
	S8265		Haberman feeder for cleft lip/palate.		

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RP – Replacement

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

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The Nondurable MSE Fee Schedule is now located in the appendix. To view or download the Fee Schedule, click [Appendix](#).

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